

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION	Ca	100	1/25/00
O.I.P.E. CLASSIFIER			1/10
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		70611	1/31/00

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      0 ..... Objected

Claim	Final	Original	Date
1	✓	✓	1/10/00
2	✓	✓	1/10/00
3	✓	✓	1/10/00
4			
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6	✓	✓	1/10/00
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13		✓	
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49		✓	
50		✓	

Claim	Final	Original	Date
51	✓	✓	1/10/00
52	✓	✓	1/10/00
53	✓	✓	1/10/00
54	✓	✓	1/10/00
55	✓	✓	1/10/00
56	✓	✓	1/10/00
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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